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Ophthalmic Literature

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Vol. VII. NOVEMBER, 1917. No. 11

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PRICE FIVE DOLLARS PER YEAR, IN ADVANCE

Published Monthly by EDWARD JACKSON, 818 Majestic Building, Denver, Colorado, U. S. A.

Entered as second-class matter November 6, 1912, at the Postoffice at Denver, Colorado, under the Act of March 3, 1879.

Skiascopy and Its Practical Application

BY EDWARD JACKSON, M. D., DENVER, COLO.

FOURTH EDITION

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Herrick Book and Stationery Company

934 15th Street Denver, Colorado

Ophthalmic Literature

VOL. VII. NOVEMBER, 1917. NO. 11.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

OPHTHALMIC YEAR BOOK AND LITERATURE.

In referring to their history, the Year Book should be mentioned first, for it was begun in the summer of 1903, the first volume dealing with the literature of 1903 being published in May, 1904. Ophthalmic Literature was an outgrowth of the Year Book, begun in 1911 and originally thought of as a means of getting the literature classified and catalogued, so that it could be more conveniently and completely reviewed by a growing staff of collaborators.

Underlying both undertakings was the desire that the literature of ophthalmology might all be placed at the command of the ophthalmologist who wished to use it, and within a reasonable time after its publication. The only serious attempt in this direction, to refer to all the literature of ophthalmology, that had been made previously in English, was often two years or more behind the literature, and was in the form of separate abstracts of the articles noticed. This was also the form of the publications then appearing in French and German, and most nearly resembling this journal and the Year Book.

The Ophthalmic Year Book adopted the form of a digest, in which the various articles on the same topic were incorporated into a single finished review—a form that has proven of greater practical value to the larger number of readers. For the special student of a subject, the annual bibliography in the Year Book, and later the monthly "Index" in Ophthalmic Literature, have given the clue to every paper obtainable, dealing with each particular topic.

The undertaking was one of a magnitude that only a small number of students of the literature of ophthalmology could appreciate. It has been greater than it otherwise would have been—needlessly great, because of the duplication of references, through publication of the same paper in different journals and especially by the numerous abstracts of the same article that appeared in different ophthalmic journals. Yet all these different journals must be searched to make sure that something might not be missed that had appeared in only one of them.

With the combination of American ophthalmic journals now brought about, a broader basis of support and a wider circle of readers have been secured for the Year Book and Ophthalmic Literature. But in all essentials they will be continued. Each month the new **American Journal of Ophthalmology** will have the titles of papers as given here in the "Index," and it will also give a digest of the literature, similar to that heretofore published in the Year Book. This digest will be paged independently of the remainder of the journal, but continuously with itself, so that at the end of the year it can be bound together to constitute a volume closely resembling its predecessors of

the Year Book. And it will be supplied with its own bibliography and index. The subscribers for the new journal will get the Year Book and Ophthalmic Literature at the lowest price they have been able to get them heretofore, and in addition a great deal in the way of original articles, abstracts, illustrations, news, etc., that were formerly obtainable only by taking several other journals.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY.

The Fellows of the Academy have heretofore, by paying their dues in advance, enjoyed the opportunity of getting **Ophthalmic Literature** through the arrangement made by the Academy with its publisher. With the merger of journals this opportunity ceased. But the Academy, desiring to continue to its members the benefits offered under the old arrangement, has offered to devote one dollar of the Academy dues to helping each Fellow who expresses the desire to do this to pay for the annual subscription for the new **American Journal of Ophthalmology.** To take advantage of this offer, the Fellow must express his desire to do so, must pay his dues promptly, and must send his annual dues and also his part of a subscription to the journal, amounting in all to fourteen dollars, to the Treasurer of the Academy, Dr. S. H. Large of Cleveland, Ohio.

THE FINAL NUMBER.

Although it will not appear until after the first number of the new journal, there will be one more number of **Ophthalmic Literature.** This will be like the usual December number, completing the index of the year's literature for 1917, and containing the annual indexes of authors and topics.

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Abstracts From Foreign Journals

Blanco. Osseous Tumor of the Orbit. (Arch. de Oftalm. Hispano-Amer.) describes a case of this very infrequent disease. A girl 19 years old noticed a swelling on the upper part of her left eye and came into consultation. There were no available data, and the patient did not remember having had any traumatisms. Examination showed a tumor that merged into the orbital border, and free from the skin and fasciae. On the affected side the eye could not be opened so much as on the other side, and there was diplopia only on looking towards the left. On this movement the eye could not follow its fellow and became deviated to the outside and downwards. The deviation was similar to that caused by the paralysis of the inferior oblique of the left eye. A diagnosis of osseous tumor of the orbit was made. The patient was operated and the tumor resected very easily.' The eye was not affected by the tumor and the patent recovered very shortly afterwards. The pathological examination of the tumor confirmed the diagnosis. The frontal sinuses were entirely free from any ramification of the tumor. F. M. F.

Fernandez. Ocular Invasions of Gonococus Toxines. (Arch. de Oftalm. Hispano-Amer.) describes several cases of endogenous disease of the eye, due to the gonococcus, and calls attention to the importance of treating the local focus of the disease, that almost always is in the urethra. F. M. F.

Hall, J. T. The Economical Use of Cocaine. (Brit. Med. Jour., June 9, 1917.)

The present high price of cocaine makes it important to avoid

waste, which exists with the usual method of employment by cotton, which allows a considerable proportion of the solution to remain on the cotton. Moreover, solutions of the drug deteriorate with age and then have to be discarded. For some years Hall has used glycerin of starch (glycerine amyli B. P.) as a vehicle for the local application of cocaine muriate, and has found this satisfactory and economical. The advantages are: 1. The preparation keeps indefinitely and does not evaporate or dry up. 2. It can be applied to skin or mucous membrane without cotton, being simply spread over the surface as thickly or thinly as desired. 3. It is very absorbable. 4. It can be prepared of any strength. 5. It is as convenient to handle as an ointment, but devoid of the greasiness of the latter. C. H. M.

Jimenez, P. Koch-Weeks Conjunctivitis in Spain. (Archivos de Oftalmología Hisp.-Amer.)

In Spain the young children are more liable to suffer from this disease, being generally contracted at school. The disease is more frequent during the months of September to December and frequently assumes an epidemic character. The months of April, May and June also have some cases, but not so abundant as in the ones previously mentioned.

Lawson, A. Fur Infection of the Conjunctiva From Cats. (Brit. Jour. Ophthalm., May, 1917.)

All of his three cases occurred in children in clean homes. The first example presented bilateral acute purulent conjunctivitis, with much discharge and chemosis and with swelling of the nose. Energetic treatment on conventional lines led gradually to recovery without damage to the eyes. The staphylococcus pyogenes aureus was found in abundance in the eye discharge, and was also isolated from the fur of a pet cat held responsible for the inflammation.

The second case, occurring in a boy of 14, presented an involvement of the left eye—marked swelling of the lids, coarse conjunctival granulations, exuberant granulation tissue near the fornix, great chemosis and abundant muco-purulent discharge. With these there were swelling of the entire left side of the face and enlargement of the parotid gland and glands of the neck. Treatment, consisting of cutting and scraping, nitrate of silver, argyrol and weak copper drops succeeded in effecting a cure in six weeks. Examination of the scrapings showed streptococcus longus and brevis and staphylococcus albus. In the swabbing of the skin of a pet cat of which the boy was very fond, streptococci similar to those in the lid scrapings were found.

The third and worst case was in a girl of 5. Here an obstinate muco-purulent conjunctivitis of a mild type developed, accompanied by enlargement of the submaxillary and sternomastoid glands of the same side. After three months the fornix of the upper lid presented a mass of exuberant cock's-comb granulations, which, with the cervical glandular enlargement, led to a suspicion of tubercle. The conjunctiva was treated by cutting and scraping and silver nitrate, and returned to a normal condition. The glands of the neck had to be operated upon. The scrapings from the conjunctiva showed tubercle bacilli of the bovine type. The guilt of the cat, who inhabited the farmyard, could only be fixed by circumstantial evidence. C. H. M.

Leoz, G. Ocular Sporothricosis. (Arch. de Oftal. Hispano-Amer.) describes three cases in which the sporothricum was present in the eye. The symptoms were similar to those of some syphilitic affection. But the absence of any luetic history and the presence of the mycelium, made the diagnosis easy. The treatment recommended consists in high doses of iodides. F. M. F.

Penichet, J. M. Trachoma in Cuba. (Arch. de Oftal. Hispano-Amer.) describes the far-reaching studies made in Cuba by the ophthalmic surgeons of that country. The figures relating to the percentage of cases differ greatly, and the author believes that in many cases the diagnosis of trachoma is made on cases of neglected conjunctivitis. The severe rules dictated by the sanitary officers make it imperative to diagnose as trachoma cases that are really not of that character. According to the author, the figures given by the different surgeons are as follows, in proportion to the cases of ocular diseases:

Santos Fernandez (1882–1888)	1.27%
Lopez (1888–1889)	3.50%
Santos Fernandez (1889–1893)	3.25%
Finlay (1903)	6.22%
V. Gomez (1903)	8.00%
F. M. Fernandez (1908–1911)	10.15%
J. M. Penichet (1911)	15.25%
H. Ferrer (1912)	3.50%
J. M. Penichet (1915)	4.00%

The author has changed his point of view concerning the number of Trachoma cases in Cuba because of the reasons given. With reference to the treatment the author has had some experience with the autogenous treatment, but the results have been unsatisfactory in the uncomplicated cases. F. M. F.

Traquair, H. M. Bitemporal Hemiopia: Special Features and Current Theories of the Field Defects. (Brit. Jour. Ophthalm., April, May and June, 1917.)

The writer has produced a very interesting article on this subject, abounding with many references to the literature and illustrated with many case histories and diagrams of fields. It is impossible to give a satisfactory abstract. The conclusions, some of which are only tentative, are the following:

1. The perimetric defects in bitemporal hemiopia follow a typical or normal course of development. Commencing in the upper-outer quadrant, the field is involved in a circular manner, the loss proceeding clockwise in the right field and counter-clockwise in the left, so that the upper nasal quadrant remains longest. This is the typical course and occurs in the majority of cases, but, naturally, not in all.

2. The central defect or scotoma behaves in the same way, developing like a little field within the field.

3. This type of field defect is due to interference with the chiasmal fibres, but is largely independent of the exact nature of the ultimate cause. It occurs in bitemporal hemiopias from a variety of causes.

4. The immediate cause is very probably a chiasmal neuritis; a lesion comparable to that which, acting in the optic nerve, produces the symptoms of retrobulbar neuritis.

5. The cause of this chiasmal neuritis is not definitely known. In all probability it is set up by pressure in many cases. The access to the chiasmal fibres of irritating toxic substances derived from the causal lesion may be the cause, and the presence of these substances may in some cases indirectly arise from pressure. In some cases the chiasma may directly participate in an inflammatory process. The relation of the infundibulum to the chiasma is very probably of importance.

6. In tumor cases, and probably in some cases without tumor, mechanical pressure effects also act, mainly in the later stages when the tumor has reached a relatively large size.

7. In the later stages the normal type of progress of the field changes may be "swamped" by pressure effects and greatly altered.

8. These observations provide evidence from the clinical side in support of the looped arrangement of the fibres in the chiasma.

9. They may also indicate that the papillo-macular bundle forms a little chiasma within the chiasma and that its fibres are similarly arranged. C. H. M.

Tuto, R. Cataract Operation in Children. (Arch. de Oftal. Hispano-Amer.) believes that the majority of the ocular surgeons are leaving the old treatment of congenital cataract by means of the needling. He says that the simple extraction or the combined extraction are getting into favor. The author is in favor of the combined extraction, but in two operations. By this method there is no inclusion of the iris in the wound, and the surgical reaction is very short. F. M. F.

Bourgeois, A. Notation of Astigmatism. (Archives d'Ophthalmologie, v. 35, p. 641.)

To simplify and secure uniformity for the notation of astigmatism, Bourgeois proposes the use of a clock dial, divided into minutes and half-minutes. The direction of the meridians would be indicated as so many hours and minutes and the half. Each half-minute division on such a scale would represent three degrees, the 120 half-minutes in the hour corresponding to the 360 degrees in the circle. For the right eye, the zero would begin on the nasal side at three o'clock, the temporal side being nine o'clock. For the left eye, three o'clock would be placed at the temporal side, and nine o'clock at the nasal.

The graduation upon the trial frames would correspond to the lower half of a clock dial. However, it would not be necessary to change the graduation already supplied on the trial frames. Each fifteen degrees on the frames would correspond to two and one-half minutes on the clock dial, or each hour would correspond to thirty degrees. A table is given showing the equivalents in degrees of each division on the clock dial. By this system, a prescription for O. D. cyl.-1.25, ax. 3 h. 1 m. would correspond to cyl.-1.25, ax. 174°.

NOTE.—The initials C. H. M. appended to some of the above abstracts are those of Charles H. May, of New York, and the initials F. M. F., are those of Francisco M. Fernandez, of Havana, Cuba. These gentlemen have furnished abstracts to **Ophthalmology**, and with the discontinuance of that journal preliminary to the merger of journals, some of the abstracts they had prepared have been placed at the service of **Ophthalmic Literature**. Both of them are expected to assist in the work of the new **American Journal of Ophthalmology**.

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